



## Glossary

### ADA Nutrition Practice Guidelines and Models

A systematic problem solving method that professionals use to think critically and make decisions to address nutrition related problems and provide safe, effective, high quality nutrition care. (Note: The ADA now uses the preferred term, “Nutrition Care Processes” .)

### Accept Assignment

An agreement among Medicare, doctors, and suppliers of health care equipment and supplies. To accept assignment means the providers or suppliers agree: (1) to receive direct payment from the Medicare program; and (2) to accept the Medicare approved amount as payment in full for the service. The health care provider cannot collect additional fees for the service.

### All-Inclusive Rate

See definition for “IHS All-Inclusive Rate”.

### Beneficiary

The name for a person who has health insurance through Medicare or Medicaid.

### Bill

See definition for “Claim”.

### Claim

A request for payment for a provided service. The terms “claim” and “bill” are used for Medicare Part A inpatient services (submitted to CMS fiscal intermediaries) and Medicare Part B outpatient services (submitted to CMS carriers).

### CMS: Centers for Medicare and Medicaid Services

The U.S. federal agency that administers Medicare, Medicaid, and the State Children’s Health Insurance Program.

### CMS Form 1500

The form, or electronic equivalent, that health care providers use to submit bills to Medicare Part B carriers and other insurance claims.

### CMS Form 1450 (also called UB92)

The form, or electronic equivalent, that health care providers use to submit bills to Medicare Part A fiscal intermediaries, primarily for Medicare Part A services, and some Part B services.



### CPT Codes (Current Procedural Terminology Codes)

Codes used to communicate to payers the procedures that were performed during the patient visit. The MNT CPT codes are unique codes that describe MNT services provided by nutrition professionals. The CMS requires that you use these codes in reimbursement documentation of MNT services for patients with diabetes or non-dialysis kidney disease.

### DSMT: Diabetes Self-Management Training

An interactive and collaborative process that involves the person with diabetes and the diabetes educator. This process includes: (1) assessment of the individual's specific education needs; (2) identification of the individual's specific diabetes self-management goals; (3) education and behavioral intervention directed toward helping the individual achieve self-management goals; and (4) evaluation of the individual's progress toward self-management goals. You must be an IHS- or American Diabetes Association-accredited diabetes education program to receive Medicare reimbursement for DMST. For more information on Medicare reimbursement for DMST, please refer to Appendix E and the IHS website at [www.ihs.gov/medicalprograms/diabetes](http://www.ihs.gov/medicalprograms/diabetes). (Note: DSMT is also known as DSME, or Diabetes Self-Management Education. Although DSME is the preferred term, the CMS requires the use of DSMT in reimbursement documentation.)

### End Stage Kidney Disease

The complete or near complete failure of the kidneys to function to excrete wastes, concentrate urine, and regulate electrolytes. (Note: End stage kidney disease is also known as end stage renal disease (ESRD).)

### Episode of Care

The care provided during one calendar year.

### ICD-9 Codes

#### *(International Classification of Diseases, 9th Revision, Clinical Modifications)*

Diagnostic codes used in hospital inpatient medical records. They are also used on claims processing forms in hospital outpatient settings, physician offices, and RD practices.

### IHS All-Inclusive Rate

The rate negotiated by the IHS for services provided under Medicare Part A. As of July 2005, the Medicare Part A IHS All-Inclusive Rate is \$181 for a single day of patient care (including care and services beyond MNT) for all states except Alaska. In Alaska, the rate is \$371.00. The IHS renegotiates this rate with the CMS each year, so the rate may vary from year to year.



## Medicare

The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end stage kidney disease (i.e., patient with permanent kidney failure who needs regular dialysis or a kidney transplant).

## Medicare Carrier

A private company that contracts with Medicare to process Medicare Part B bills.

## Medicare Fiscal Intermediary

A private company that has a contract with Medicare to pay Part A and some Part B bills. Also called an intermediary.

## Medicare Part A (Facility/Hospital Insurance)

Medicare hospital insurance that pays for hospice care, home health care, care in a skilled nursing facility, and inpatient hospital stays. MNT or other nutrition services are not a separately reimbursed service under Medicare Part A coverage. Instead, these services are included in the room and board services covered under Medicare Part A. The fiscal intermediary uses the IHS All-Inclusive Rate to reimburse services provided to patients who have Medicare Part A coverage (see definition for “IHS All-Inclusive Rate”).

## Medicare Part B (Professional Provider Medical Insurance)

Medicare medical insurance that helps pay for physicians’ services, outpatient hospital care, and other medical services that are not covered by Medicare Part A. The carrier uses the physician fee schedule to reimburse for Medicare Part B services (see definition for “Phys ician Fee Schedule”).

## Medicare Secondary Payer

Any situation when another payer or insurer pays your medical bills before Medicare pays any medical bills. For example, a Medicare secondary payer may pay the first 85% of the bill, and Medicare will pay the remaining 15% of the bill. (Note: The term “payer” is also spelled “payor”.)

## MNT: Medical Nutrition Therapy

First defined by the ADA in the mid-1990s as the use of specific nutrition services to treat an illness, injury, or condition, and to promote the benefits of managing or treating a disease with nutrition. MNT involves an in-depth nutrition assessment of the patient and the provision of diet modification, counseling, or specialized nutrition therapies. MNT was redefined in 2001 Medicare Part B legislation as “nutritional diagnostic, therapy, and counseling services for the purpose of disease management, which are furnished by a registered dietitian or nutrition professional”.

## NPI: National Provider Identifier

A standard, unique identifier for health care providers. The CMS announced that it will require providers to begin using their assigned NPIs by May 23, 2007, when filing and processing health care claims and other transactions.



### Payment Rate

The total payment that a hospital or community mental health center receives when they provide outpatient services to Medicare patients.

### Physician Fee Schedule

The payment rates for MNT services under Medicare Part B. The Medicare Part B MNT payment is 80% (because a 20% co-pay applies) of the lesser of *either* the actual charge *or* 85% of the physician fee schedule amount. The physician fee schedule varies by state.

### PIN: Provider Identification Number

A unique number assigned to providers. All RDs must apply for and receive a PIN from the CMS in order to bill for MNT services.

### Provider

A hospital, health care professional, or health care facility.

### Super Bill

A pre-printed form that itemizes and describes all services and fees.

### TrailBlazer Health Enterprises, LLC

A CMS contracted intermediary and carrier. (For more information, visit the website: [www.trailblazerhealth.com](http://www.trailblazerhealth.com).)

### UB92

See definition for “CMS Form 1450”.

### UPIN: Unique Physician Identification Number

A unique number assigned to physicians.